



Box M

**PETITION TO ACCEPT UNINTENTIONALLY DELAYED PAYMENT OF
MAINTENANCE FEE IN AN EXPIRED PATENT (37 CFR 1.378 (c))**

Docket Number (Optional)

Mail to: ~~Mail Stop Petition~~
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Patent No. 5918-5,918,323

Application Number 506851

Issue Date July 25, 2013

Filing Date 1995-07-25

CAUTION: Maintenance fee (and surcharge, if any) payment must correctly identify: (1) the patent number (or reissue patent number, if a reissue) and (2) the application number of the actual U.S. application (or reissue application) leading to issuance of that patent to ensure the fee(s) is/are associated with the correct patent. 37 CFR 1.366(c) and (d).

Also complete the following information, if applicable

The above – identified patent

☐

Is a reissue of original Patent No. NA original issue date NA
original application number NA
original filing date _____

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resulted from the entry into the U.S. under 35 U.S.C. 371 of international application NA
filed on NA

CERTIFICATE OF MAILING (37 CFR 1.89(a))

I hereby certify that this paper (*along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class main in an envelope addressed to Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

9-25-2011
Date

Anthony Antha Smith*Inventors
Signature

Anthony Smith*Inventors
Typed or Printed Name of Person Signing Certificate

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This collection of information is required by 37 CFR 1.378(c). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

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Re: freedom of Information Request

Dear Sir

My Name is Anthony Smith and I Invented
the hospital liquid sanitation Cart Patent
No. 5918323

I have not recive any funds for my Invention
I need to know whom brough my Invention and whom
has been paid for it. I need all records that you have
on my Invention.

The Attorney Charles A McClure is dead and
I have no way of finding out who brought the invention
and who sold it. I need all the information that
you have if you would please advise me what
information you I need this information to start
Legal Action I had a stroke and was Hos-
pital for some time while I was sick and I don't
have any Recall of given permission for it to
be sold by whom ever sold it as stated
I have not recive any fund for it

Inventor(s) Anthony Antha Smith

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